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An Essay

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On Ascites

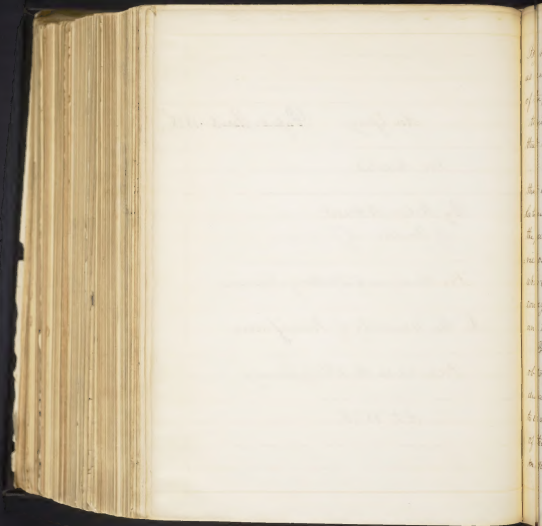
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For the degree of Doctor of Medicine

In the University of Pennsylvania

Presented on the 23^d of January

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By most medical writers dropsy has been considered, as arising in every case from debility, and some authors of the present day, I presume, have been so swayed by their attachment to ideas imbibed during youth, that they still adhere to the old pathology of this disease.

On the above supposition, it was imagined that dropsy was produced either by too profuse an exhalation of the natural and proper lubricating fluid of the part, arising from debility in the terminating arteries, or the exhalents being healthy, from the corresponding absorbents being torpid or inactive, the fluid not being conveyed off, when it has answered every useful purpose, and thus accumulating forms dropsy.

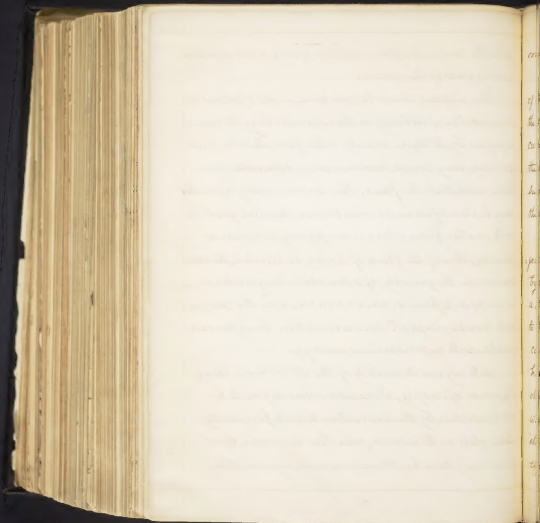
Besides the above mentioned causes, the mechanical obstruction opposed to the venous circulation, by some diseased viscus (most frequently the liver) was believed to be a source of the disease. Though perhaps this state of things exists, in some cases, it by no means does in the majority, such at least is the conclusion to be drawn,



from the causes, symptoms, method of cure, and defraction
of many cases of the disease.

There appears also to be some force, in the objections to
the supposition of debility in the exhalants, being the cause
as urged by L^d Sydenham, namely, either first, that the fluid
of dropsy may escape mechanically, ~~separated~~ from
them, and that the fluid, thus mechanically separated
may be identified in its sensible and chemical qualities
with another fluid which is constantly secreted: or
secondly, that if the fluid of dropsy be absorbed, then an
increase in the quantity, of a secretion may continue
an indefinite period, under a decrease in the energy
of its secreting vessels. Such a condition being incon-
cillable, with experience and analogy.

With regard to debility of the absorbents being
the cause of dropsy, it seems in some degree to be
contradicted, by the emaciation which frequently
takes place in the disease, also that the specific effect
of mercury can be obtained as readily as in other



conditions of the system.

Great stress has been laid upon mechanical obstruction of the venous circulation, as productive of dropsy, and the experiment of Lower, viz that of tying the vena cava of a dog, has by some been deemed conclusive; but the inflammation caused by the injury done to the surrounding parts, may have caused effusion, and not the mere mechanical obstruction.

Perhaps in the human subject, in cases of an enlarged viscus, the liver for instance, the irritation caused by it, may be propagated to the serous membrane causing a slight inflammation productive of effusion, but as to the mere obstruction of blood by an enlarged viscus, causing serous effusion, seems improbable, for "cases have occurred," in which the vena cava was found completely obliterated as a tube, from the point immediately below where the plexus hepaticæ united to it, downwards to its bifurcation, without there occurring any watery effusion in any part of the body.

Having mentioned cursorily some of the leading objections to the old hypothesis, we shall now state the arguments, derived from a consideration of the causes, symptoms, method of cure, and dissections, in support of the idea that a low degree of inflammation in the serous surfaces is the essential cause of dropsy.

First of the causes amongst these *Scrofula* seems to be one, for we frequently find anasarca supervening on an attack, which dropsy is probably caused either by irritating the skin, or by taking cold and the primary acute inflammation having changed into a subacute, which state we know frequently causes effusion, at any rate what ever is the cause, it does not seem to be debility. For Dr Blackall observes "The time the symptoms, and progress of this attack, by no means permit the opinion that it originates in mere debility."

Another cause, is the abuse of mercury, this medicine when injudiciously exhibited, we know to excite an action, injurious to health, and this action appears

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to be an important home, & further considers it
as being required as an agent, that the local agent
found in a high degree asserts that venesection is the
best remedy for prostatic inflammation:

With regard to the symptoms, the irritation of the
being considered more as an effect and not the cause,
since not to look in it than signs and symptoms of
inflammation, some however do occur, first the
irritation has been found to appear, in the vesicles & lymphatic
vessels, and in one case Dr. Blackall says, "The fluid
of the cellular membrane was coagulated & contained
these appearances agree with what Dr. Bland writes
as existing in glands produced by chronic inflamma-
tion of serous membranes, he says, "they are seldom
have almost always traceable lactescence."

The urine offers more to our consideration on
this point; it has been found to be more or less copious
in proportion to the degree of action, which the system
at large manifests; on this point Dr. Blackall is very



explicitly this would cure." But when the urine is
most loaded, it coagulates by the lower heat, and
most generally, the blood is likewise most thick, and
the whole system bears the greatest marks of inflammation.
2.

With regard to the nature of the disease, and those most
cases that are either violent or more moderate;
such as at least to the common mode of treatment
now. Dr. Macartney has in his "Attempted cure"
must prove abortive, unless an exciting system of
treatment. Those in which, even as before
calculated to reduce inflammation". This implies
in his opinion to prevent a reaction, and observed
that he never has reason to regret it.

The evidence, Dr. Lye is on the point as strong,
He commences the treatment immediately, bleed-
ing, both topical and general, being guided by the
symptoms.

The operation of bleed. when applied to



anasarcous legs has generally been found in-
flamed, as sloughing sores are the consequence, such
is precisely the effect to be expected from irritating a
tissue already inflamed, whereas if the cellular
tissue was in a state of debility as generally supposed,
the effect would then be similar to that produced
by the application of blisters to parts about to become
gangrenous, namely to prevent the extinction of
vitality.

Purgatives another portion of the antiphlogis-
tic course, are of incalculable service in dropsy;
though objected to by some as apt to excite febrile
symptoms and irritating humors, a careful
and that it is generally the consequence of, saying,
that if antisepticum factum be used in a
dysentery, the secretion of mucus is increased, the
arterial pulsations are diminished, and the
hæmorrhoids are increased, and the
arterial pulsations are diminished, and the
hæmorrhoids are increased, and the



tion. They are generally the same size and are pro-
ductive of considerable relief.

With regard to diuretics so long considered as the
precious remedies, Medical Conscience has, perhaps
somewhat decided: at least the reliance that medi-
cals men formerly rest in the power of diuretic
medicines being able to disperse serous effusions,
experience has proved to be false, but this want
of success has not invalidated of recent articles
belonging to this class, remedies; many of the diuretic
are stimulating, and exhibit an inflammatory
action: while others that determine
inflammatory action are ~~ex~~ ^{ex} ~~posed~~ ^{posed}; This may account
for the various emission upon articles of this class
have sustained a permanent loss.



Thus, the correct diagnosis, according to the pathology of dropsy, I must now give a few remarks on that peculiar collection of fluids in the abdomen which is called *ascites*. The water most commonly is situated in the cavity of the peritoneum, but in some instances it is found between the peritoneum and abdominal muscles, when in this situation it is called *encysted dropsy*.

Ascites is of *Frederick's* origin, from *ασκος* a sack, from *ειδω* sack like protuberance.

Although the approach of the disease is a tedious one, the symptoms, which denote the hydroptic distension, together with swelling and fluctuation of the abdomen, are sometimes clothed in a much obscurity as to render its diagnosis somewhat difficult, and it has even been confounded with typhus, and the tumour of pregnancy. To prevent such mistakes we ought to pay strict attention to the symptoms of the disease, which are the following.



which assume constant, with a full urine which
shows the hydropic distension, which is a diminution
of urine. Next, swelling of the feet and
ankles, and a peculiar expression of countenance
which is called leucophlegmatic. There is a small
protuberance in the hypogastric region which
gradually extends upwards over the lower abdomen
which becomes tumid and hard, the countenance
becomes pale and bloated, is cachectic, and
the respiration is affected. Constipation exists in
every stage of the disease. The urine is scanty and
high colored. The pulse is febrile though small
and corded. The skin is hot and dry, and there is
great thirst. In the mean time the accumulation
of water continues to increase, at this time a distinct
fluctuation is very evident. It may be ascertained by
a careful examination. The mode which Boerhaave
Chapman recommends it to be done is the following.
By placing the hand on one side of the abdomen,

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and striking the opposite with the other, In this way
the water may be distinctly felt. The symptoms now
become more aggravated there is great torpor and
heaviness, with an obscure fever, the delirium is
intermittent, and the patient sinks under a low hectic.

The causes of Ascites may be treated of under
two heads, viz. Symptomatic and idiopathic,
When it is induced symptomatically, the cause will
be found to exist in the morbid affections of some of
the viscera, as the Liver Spleen &c. The disease is
caused in this case not by the mere obstruction occa-
sioned by an enlarged viscus; but from the infla-
mmation existing in the diseased organ affecting the
peritoneal coat. Dr Sydenham is very explicit upon this
when he says "how does the serous discharge always
take place in every case where these organs are morbid-
ly affected, but only where the peritoneal covering
participates in their disease; for the cause
inflammation in those cases, where it occasions



writes, does so by extending from the cellular tissue
of the internal structure of the organ, to the serous
tissue investing it; and from thence as from a point;
it spreads with varying degrees of rapidity, through
the whole of the peritoneal pouch &c.

Hæmorrhage may also be induced by some preceding
cause as intermittent fever, rheumatism &c.

When it exists as an independent affection, it may
be induced by any of the causes of menstruation,
as heat or cold, sudden changes of weather, touch of
respiration, suppression of any accustomed evacuation
as hæmorrhoids &c. Propter Chapman is of the opin-
ion that it occasionally arises in a manner, and in
so medical writers has hitherto noticed. It is by
the secretion and condensation of a gaseous

examination of persons who have died in this disease
exhibit the following phenomena: the liver is found
enlarged and tuberculated, the peritoneum thickened
and inflamed, the stomach and bowels diseased, the



kidneys. Spleen and pancreas in it are in condition,
the muscular glands are, spleen somewhat indurated, the
liver gland is found, but in character and condition
there.

The first indication which presents itself, for
our consideration in the treatment of this disease, is
to arrange that most bad condition of the system which
precedes the eruption. The remedy best adapted to
manage this case indication, is blood letting either
local or general, & I have prepared the former. The says
"typical bleeding when properly conducted, has the
advantage of acting only slightly on the general
strength, and very considerably on the local
circulation". Combined with local general bleeding is
sometimes indispensably necessary in the case of
the phlegmatic habit or even febrile symptoms exist, indi-
cated by a tense, hard uncorrect pulse, with dry
tongue, a hot and dry skin, a parched tongue, diffi-
cult respiration, thirst and other indications.



Symptoms.

Having pursued the last of the depleting plan
of treatment to some extent, we will find that the
symptoms are more extensive.

At the same time, the disease has become, in-
calculable. The blood has become, in
general, more, is more, and is more
than the blood, the numerous convulsions
of the blood, which have been exposed, as
common, peculiar, in evacuating the blood
fluid in a general drop, the blood has been
from the blood, the blood is more, and is more.

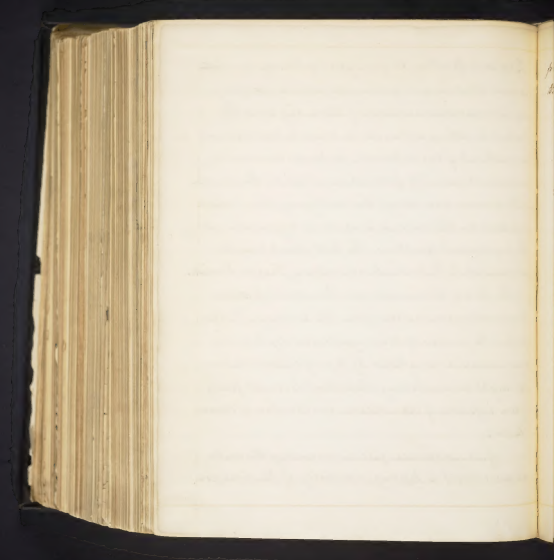
We can see, however, that the blood is more, and is more
than the blood, the blood is more, and is more
of the blood, which is more, and is more
than the blood, the blood is more, and is more
but their operation is not, and is not
in the blood, the blood is more, and is more
the blood is more, and is more.



If we wish to obtain the full effect of this class of remedies we ought to keep in view, certain rules which are necessary in the proper administration of them. viz. While the patient is taking a diuretic he should be kept cool and as much out of bed as possible, he should be allowed a moderate quantity of drink, as it assists the operation of the diuretic, and allays that distressing thirst which is present in this disease, and which aggravates all the unpleasant symptoms. The best drink is water acidulated to the patient, a decoction of Juniper berries.

The best of the diuretics are those which produce large watery evacuations from the kidneys. Dr. Ayrer prefers the powder of dried Squill and digitalis, in very minute doses, assisted by ʒiʒ of calomel taken at night and allowing the patient to drink freely of an infusion of claudelion, or a solution of Canoe Castor.

If all our remedies fail in evacuating the water we must resort to tapping, especially if the distension



produces much pain, as great relief is obtained and
the system becomes more susceptible to our remedies.

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